Application for Employment

(Drivers Only)

This application is good for 180 days or until the position is filled.

Applicants are considered for the position specified below, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, disability, marital status, pregnancy, military status, or any other prohibited basis of discrimination under applicable local, state, or federal law. Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation, if required by Sec. 391.23 of Department of Transportation Regulations. Date of Application Applicant Signature Position Applied For (PLEASE PRINT) Full Name (Last) ______ (First) ______ (Full Middle) State Zip Code (How Long) Address City Street ADDRESSES FOR PAST THREE YEARS _____ (How Long) _____ (How Long) (How Long) Current Telephone Number: ____ Date of Birth (Required by DOT regulations): Social Security Number: Have you filed an application with our County before? \Box Yes \Box No If yes, give date: Department: Have you ever been employed with our County before? \Box Yes \Box No Department: How did you learn of the job you applied for? (Be specific as to source.) Are you employed now? \Box Yes \Box No May we contact your present employer? \Box Yes \Box No Are you legally authorized to work in the United States? \Box Yes \Box No If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the regulations prepared by the Bureau of Citizenship and Immigration Services. Proof of citizenship or immigration status will be required upon employment. On what date would you be available for work? **Are you available to work** □ Full-Time □ Part-Time □ Seasonal □ Summer Only □ Temporary What days? ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday Are you on a layoff and subject to recall? \Box Yes \Box No

Would you be willing to work out of town? \Box Yes \Box No

Have you been convicted of, ple deferred judgment for, or rec jurisdiction? ☐ Yes ☐ No					
Do you have any pending crimina	l charges in	any jurisdiction that ha	ave not yet been fully r	esolved or d	isposed of? ☐ Yes ☐ No
(Conviction or pending arrest will conviction to the job will all be co		sarily disqualify applic	ant from employment	. The recen	cy, severity, and pertinence of th
If yes to either of the above quest	tions, provi	de details for each crir	me or charge (date, jui	risdiction, cr	ime involved, disposition, curren
status, etc.). Add additional shee	ts if necessa	ary to fully explain.			
		EDUC.	ATION		
Please list education or specialize indicate, for example, race, color,				ou are apply	ing. Exclude names or terms tha
]	High School	Tech Scho	ol	College/University
Years Completed (Circle)	9	10 11 12	1 2 3	4	1 2 3 4
School Name and Location					
Diploma/Degree					
Describe Course of Study					
		EMPLOYMEN'	Γ EXPERIENCE		
Give a complete record of all en history, if necessary. Your applic					nemployment or self-employmen
Employer			mployed		scribe Work Performed
Address		From	То		
Telephone: ()					
Job Title			ate/Salary ng/Final		
Supervisor					
Reason for Leaving				Were vou	subject to DOT regulations for
					ou held? Yes No
					subject to DOT-required hol testing for any job you held?
Employer		Dates E	mployed	De	scribe Work Performed
Address		From	То		
Telephone: ()					

Job Title	Hourly Rate/Salary Starting/Final		
Supervisor			
Reason for Leaving			
			Were you subject to DOT regulations for any job you held? ☐ Yes ☐ No
			Were you subject to DOT-required drug/alcohol testing for any job you held? ☐ Yes ☐ No
Employer	Dates E	nployed	Describe Work Performed
Address	From	To	
Telephone: ()			
Job Title	Hourly Rate/Salary Starting/Final		
Supervisor			
Reason for Leaving			Were you subject to DOT regulations for any job you held? ☐ Yes ☐ No
			Were you subject to DOT-required drug/alcohol testing for any job you held? ☐ Yes ☐ No
			□ 162 □ 110
Employer	Dates E	nployed	Describe Work Performed
Employer Address	Dates E	nployed To	
_ _ _			
Address		To ate/Salary	
Address Telephone: ()	From Hourly R	To ate/Salary	
Address Telephone: () Job Title	From Hourly R	To ate/Salary	
Address Telephone: () Job Title Supervisor	From Hourly R	To ate/Salary	Describe Work Performed Were you subject to DOT regulations for
Address Telephone: () Job Title Supervisor	From Hourly R	To ate/Salary g/Final	Describe Work Performed Were you subject to DOT regulations for any job you held? ☐ Yes ☐ No Were you subject to DOT-required drug/alcohol testing for any job you held?
Address Telephone: () Job Title Supervisor Reason for Leaving	From Hourly R Startin	To ate/Salary g/Final	Describe Work Performed Were you subject to DOT regulations for any job you held? ☐ Yes ☐ No Were you subject to DOT-required drug/alcohol testing for any job you held? ☐ Yes ☐ No
Address Telephone: () Job Title Supervisor Reason for Leaving Employer	From Hourly R Startin	To ate/Salary g/Final mployed	Describe Work Performed Were you subject to DOT regulations for any job you held? ☐ Yes ☐ No Were you subject to DOT-required drug/alcohol testing for any job you held? ☐ Yes ☐ No
Address Telephone: () Job Title Supervisor Reason for Leaving Employer Address	From Hourly R Startin	To ate/Salary g/Final mployed To	Describe Work Performed Were you subject to DOT regulations for any job you held? ☐ Yes ☐ No Were you subject to DOT-required drug/alcohol testing for any job you held? ☐ Yes ☐ No

Reason for Leaving			
			Were you subject to DOT regulations for any job you held? ☐ Yes ☐ No
			Were you subject to DOT-required drug/alcohol testing for any job you held? ☐ Yes ☐ No
Employer	Dates	Employed	Describe Work Performed
Address	From	То	
Telephone: ()			
Job Title		Rate/Salary ting/Final	
Supervisor			
Reason for Leaving			Were you subject to DOT regulations for any job you held? ☐ Yes ☐ No Were you subject to DOT-required drug/alcohol testing for any job you held? ☐ Yes ☐ No
Employer	Dates	Employed	Describe Work Performed
Address	From	То	
Telephone: ()			
Job Title		Rate/Salary ting/Final	
Supervisor			
Reason for Leaving			Were you subject to DOT regulations for any job you held? ☐ Yes ☐ No
			Were you subject to DOT-required drug/alcohol testing for any job you held? ☐ Yes ☐ No
	TRUCK DRIV	ING EXPERIENCE	
Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates From/To	Approximate Number of Miles/Hours
Straight Truck			
Tractor and Semi-Trailer			
Material Handling Equipment			
Have you EVER been denied a lift yes, where?		_	
Why?			_
Is your license to drive suspende © Copyright NIRMA 2007		•	☐ Yes ☐ No OM 10490.3

If yes, where	e?			When?		
Why?						
Has any lice	ense, permit, oi	r privilege EVER been susp	ended or revok	ed?		\square Yes \square No
If yes, where	e?			When?		
Why?						
	ing privilege li of hours, etc., a	mited in any way, such as p at this time?	orobation, area o	of operation,		□ Yes □ No
If yes, why?						
Are you fan	niliar with D.O	.T. Motor Carrier Safety R	egulations?			\square Yes \square No
Do you agre	ee to follow the	m?				□ Yes □ No
List all unex	pired commerci	al drivers' licenses:				
State		Expiration Date	Licens	e Number		
		ACC	CIDENT REC	ORD		
			ats for the past			
		Nature of Acci	ccident Nature of			Type of Vehicle
Date	Where	(Head-On, Rear-E	and, Etc.)	Injuries	Fatalities	You Were Driving
		MOVING VIOLATION	ONS FROM P	AST THREE Y	EARS	
		(List only if convicted o	or if bond or co	ollateral was fo	rfeited.)	
Date	Where	Specific	Violation		Outcome/Dis	position/Penalty

	OTHER	
Will you take an alcohol/drug screen breath	/urine test for drug and alcohol or controlled substances?	
□ Yes □ No		
Have you EVER been convicted for any alco	phol-related crime or traffic offense?	
□ Yes □ No		
If yes, where?	When?	
Was a vehicle involved? If yes, what type:	□ Personal □ Commercial	
□ Yes □ No		
If yes, what charge?		
Have you EVER been convicted for any dru	g-related crime or traffice offense?	
□ Yes □ No		
If yes, where?	When?	
Was a vehicle involved? If yes, what type:	□ Personal □ Commercial	
□ Yes □ No		
If yes, what charge?		
Do you have any currently pending alcohol	-related or drug-related charges or arrests that have not ye	et been fully resolved or
disposed of?		
□ Yes □ No		
If yes, where?	When?	
Was a vehicle involved? If yes, what type:	□ Personal □ Commercial	
□ Yes □ No		
If yes, what charge?		
(Conviction or pending arrest will not nece	ssarily disqualify you from employment. The recency, sev	erity, and pertinence of

the conviction to the job will all be considered.)

SPECIAL SKILLS AND QUALIFICATIONS
Summarize special skills and qualifications acquired from employment or other experiences:
State any additional information you feel may be helpful in considering your application:
APPLICANT'S STATEMENT
This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the b of my knowledge. The County may investigate all statements contained in this application, and I understand that any false, omitted misleading information may result in my immediate discharge if I am hired. I UNDERSTAND THAT THIS APPLICATION NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY OR REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND TI COUNTY IS TERMINABLE-AT-WILL SO THAT BOTH THE COUNTY AND I REMAIN FREE TO CHOOSE TO ENOUGH WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS "AT WILL EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING AND APPROVED BY THE COUNTY BOARD.
I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the County determine whether I qualify for the position being considered. In addition, I understand a drug and alcohol test is required.
I understand that my previous employers may be contacted and that the information provided by me may be used for the purpose investigating my safety performance history as required by DOT regulations. I authorize the County to make a thorough investigation of my past employment, education, criminal history, driving record, job-related activities, and other relevant background information and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Couragainst any liability that might result from making such investigation.
I further understand, with respect to any of my employment during the past three years that was subject to DOT regulations, that have the following rights: (1) to review any DOT-required information provided by those employers to the County, if I make a writ request to the County for same within 30 days after being employed or being notified of denial of employment; (2) to have any err in the information corrected by the prior employer and for that employer to re-send corrected information to the County; and (3) have a rebuttal statement attached to the alleged erroneous information, if my prior employer and I cannot agree on the accuracy of information.
Additionally, I authorize the County to supply my employment record, in its sole discretion, in whole or in part, to any prospect employer, government agency, or other party with an interest as the County deems appropriate.
Signature of Applicant Date